

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006610

FILED
Jan 18, 2008
Secretary of State

Entity Name: CHIROPRACTIC CENTER OF SOUTH FLORIDA LLC

Current Principal Place of Business:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 33026 US

New Principal Place of Business:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 330261371 US

Current Mailing Address:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 33026 US

New Mailing Address:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 330261371 US

FEI Number: 45-0549332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVEIRA, BETSY
2041 NW 178 TERR
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

OLIVEIRA, BETSY
2565 NORTH HIATUS ROAD
COOPER CITY, FL 330261371 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETSY OLIVEIRA

01/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLY, MICHAEL DR
Address: 739 BLOOMFIELD ST
City-St-Zip: HOBOKEN, NJ 07032 US

Title: MGRM () Delete
Name: OLIVEIRA, BETSY
Address: 2041 NW 178TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BETSY OLIVEIRA

MBMR

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date